

# VACCINE INVENTORY WORKSHEET

End of Month Count of Vaccines



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Facility: \_\_\_\_\_

Month and Year \_\_\_\_\_

VACCINE	LOT NUMBER	EXPIRATION DATE*	NUMBER OF DOSES ON HAND	LINE TOTALS	GRAND TOTAL	COMMENTS
Pediarix						
DTaP						
TdaP						New 1 dose series vaccine
Td						
DT						Please only Order 10 doses per office
Hep B						
Hep A						
Hib						
EIPV						
MMR/Var						
MMR						
Varicella						
Prevnar						
Comvax						
Twinrix						

\*If vaccine has three months or less before expiration and the vaccine will not be used notify the Idaho  
Immunization Program (800) 554-2922 or (208) 334-4949 for assistance.

VACCINE	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES ON HAND	LINE TOTALS	GRAND TOTAL	COMMENTS
Menactra						
Pneumo 23						For High-Risk children
Flu-PF						Good for 1 flu season
Flu						Good for 1 flu season
Flu-Mist						Good for 1 flu season
<div>OTHER VACCINES - PRIVATELY PURCHASED OR STATE SUPPLIED</div> <div>Privately purchased vaccines DO NOT need to be reported to the State.</div>						
VACCINE	LOT NUMBER	EXPIRATION DATE	NUMBER OF DOSES ON HAND	LINE TOTALS	GRAND TOTAL	COMMENTS
Yellow Fever						
FLU						
JAPANESE ENCEPHALITIS						
TYPHOID						
MENINGOCOCCAL						
HEP A ADULT						
HEP B ADULT						
EIPV						